1 PLACE OF DEATH	STATE OF MARYLAND
1828 1828	CERTIFICATE OF DEATH
County County	7/6
1 .	Registration Dist. No.
I was a state of the state of t	[It death occurred
Village or City Sylesvill (Not muy)	July Mard) a hospital or Institutio
	give its NAME instead of street and number.]
2 FILL NAME Laura alle	and
FOLL IVANIL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
widowes. Widowes	(Month) (Day) (Year)
J (Write the word)	17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 15- 1912, to Fet 18 1913
1111 known	The state of the s
(Month) (Day) (Year)	that I last saw h & alive on the 15 1913
7 AGE / / If LESS than	and that death occurred on the date stated above, at 9-Pmm
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsds. ORmin. ?	THE CAUSE OF DEATH Was as follows:
8 OCCUPATION	f.
(a) Trade, profession, or	thouse t alessade
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Duration) — yrs 2 mos — ds
which employed (or employer)	71 70.01
9 BIRTHPLACE (State or country) In 1(7)	(Secondary)
(State or country) Md(?)	heart & Ridney diseas (Duration) left through
10 NAME OF	(Classed) HOTILL ALLES III
FATHER Zucknaun	(Signed), M. D
0 11 BIRTHPLACE	9/20/, 1913 (Address) Sytantle his
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death yrs. 7 mos. ds. State wyrs. mos. ds.
	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) James alexander,	Former or A Carl
( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	usual residence. Pay men usyeene
(Address) 19 J. Lawert St. Ballo. 11	PLACE OF BURIAL OR REMOVAL
15	/ Syllervice let Feb 20, 1913
Filed 2/20 1913	20 UNDERTAKER ADDRESS
PIRITED TO REGISTRAR	900 P. 11/2.
Te many blanks and novided address State Davids	of the state of Police Police of the state o
II more Dianas are needed, address state Registi	ear, 6 S. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosais of lungs, meninges, peritonaeum,

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclacause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Cap-State cause for Examples:

	917
PLACE OF DEATH 1829	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carroll	Registered No.
Village or City Westminister (No.	St; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Mule (Write the word)	16 DATE OF DEATH . Heby // (Month) // (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here alive on we but 1013
TAGE  TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at formetime the The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Carroll (or)  Mod	Contributory (Secondary)
10 NAME OF FATHER James Bankerd  11 BIRTHPLACE OF FATHER (State or country) Carrolloo, Mid  2 Maiden NAME OF MOTHER	(Signed) — Y. Shipley , M. D. — Yeby / , 1913 (Address) Of extremeler M. d. — State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSEN, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carrolleo Mod  14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE  M. + Color Manual Printerior  14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if net at place of death?
(Informant) Marian Surgers  (Address) Nestricustry Md  Filed Feb 1/4 1913 Ellemin	19 PLACE OF BURIAL OR REMOVAL  Lessaut Valley Lesus Febr. 3, 1913.  20 UNDERTAKER  ADDRESS
REGISTRAR	1 das M. vioner Vestimuste.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necmaterial worked on may form-part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death of cause of death—Name, first, the disease causing death of the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ACCIDENTAL, SUICIDAL, which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purbreral septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg: oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from or Homicidal, or as probably "Dropsy," "Exhaustion," . (name origin; "Can-Never report

STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH should ION is PHYSICIANS shou Registered No. Vestimuster (No. [If death occurred in St :.....Ward) a hospital or Institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL/PARTICULARS MEDICAL CERTIFICATE OF DEATH statement RMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH Exa classified. (Month) (Day) (Year) pe If LESS than 7 AGE and that death occurred on the date stated above, at pinous 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION hrant ratable 0 (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in O (Duration) which employed (or employer) ..... DIN may 9 BIRTHPLACE (Secondary) (State or country) UNF that (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER erm (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-8 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER information ATH in plai plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. ..... mos. ..... ds. State ...... yrs, \_\_\_\_ mes. ..... ds. (State or country ATH Where was disease contracted. RITE If not at place of death?. ш 50 Former or Item usual residence important. ы DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 2. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puteretal septichae-Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

	1 PLACE OF DEATH		STATE OF MA	ARYLAND
	1831		CERTIFICATE	OF DEATH
Co	unty Carroll	44	Registe	ored No. 74
V	llage or City mar Eldersburg (No		St; War	[It death occurred in a hospital or institution, give its NAME lostead of street and number.]
	FULL NAME LUNGLING BE	mell	<u></u>	et ettest and hampet.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WINDOWSO, ORDIVORGED (Write the word)	16 DATE OF DI	(Month) I HEREBY CERTIFY, That	(Day) (Year)
6 D	Mark 23 - 1843  (Month) (Day) (Year)	that I last saw	5 1913 to 1-	1. 26/1913.
TAC		and that death	occurred on the date state	d above, at Y. A. m.
	69 yrs. // mos. 3 ds. ormin.?	The CAUSE OF	DEATH* was as follows:	•
800	CCUPATION	ay	Cerso-scle	roma
	Trade, profession, or farmer (retired)		# 60 6 64 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************
(b)	General nature of industry,			
	ness, or establishment in the smployed (or amployer)		(Duration)	yrs mos ds.
-	RTHPLACE (ate or country) Maryland	(Secondary)	y Jangrene	Tool an
	mary	replica	(Duration)	
	10 NAME OF FATHER Farkin S. Bennett	(Signed)	MA Wo	ckis, N.O.
TS	11 BIRTHPLACE	-	, 1913. (Address). Cold	esserg
RENTS	(State or country)  12 MAIDEN NAME / 4/	[ CAUSES, state	OISEASE CAUSING DEATH, OF (1) MEANS OF INJURY; BI	, In deaths from VIOLENT and (2) whether ACCIDEN-
PA	OF MOTHER Catherine Ocasma	18 LENGTH OF	RESIDENCE (FOR HOSPITAL	B. INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place	in the state	yrs, ds.
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease it not at place of d		
	lotormant) Jas. Roller	Former or usual residence		P00-1000-1100-1000-1000-100-100-100-100-
16	(Address) Eldersburg	19 PLACE OF E	Low Mid	Sels 28, 191.3
File	W.W. Hilly Zoca REGISTRAR	Jas /	2. Weer	Reflexalle Ken
	If more blanks are needed, address State Registre	6 E. Franklin	St., Balto., Requesting V. S.	Np. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (rctired, 6 yrs.). For persons duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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BINDING RESERVED FOR MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village a City Union Millage.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2 FULL NAME AN ANY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)  SEX  4 COLOR OR RACE  Windowsto, OR OLOVORCED Francisco OR O	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  HEREBY CERTIFY, That I attended deceased from  1913, to  1913.  that I last saw h. e. alive on 7/7 etc., 217, 1915.
7 AGE (Month) (Day) (Year)  1 If LESS than 1 day,hrs. 0 mos. 6 ds. 0Rmln.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Carditis and alrey o state  Annum onia (Ouration) yrs. mos. 2   ds.  Contributory (Secondary)  (Supplied to the second of the se
11 BIRTHPLACE (Stats or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) (Si
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Address)  Address)  Address)	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL OR REMOV
Filed	Pranklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosais of lungs, meninges, peritonaeum, etc...

"Heart failure," "Haemorrhage," "Inapition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc.. of .. is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds., Never report Examples: For vio-

PLACE OF DEATH

#### Very state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. It death occurred to St.: Ward) a hospital or Institution. give its NAME instead of street and oumber. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, MARRIED, Memiel (Month) (Day) (Year) ORDIVORCED Exact HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above 1 day .....hrs. OR ..... 7 properly BOCCUPATION (a) Frade, profession, or particular kind of work (b) Geograf nature of industry, may be business, or establishment in which employed (or employer) ..... Contributory certificate. 9 BIRTHPLACE (Secondary (State or country) that 10 NAME OF FATHER (Signed) 80 jo back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE = At place in the OF MOTHER (State or country EATH \_\_\_\_ yrs. ..... mos. .... ds. State Where was disease contracted. If not at place of death?. (Informant) usual residence. mportant. 19 PLACE OF BURIAL OR DEMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

statement. cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or indust;; and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

affection need not be stated unless important. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpenal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de; valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

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Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid distance of "Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of dent; Revolver wound of had-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichae cause. Always qualify all elseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:

B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

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PLACE OF DEATH County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Union Bridge(No	Registration Dist. No.  St.: Ward)  Catyuda for institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thurse White Single, MARRIES, MIDDINGS, OR OLYGICAL (Wille the WIDER)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
CMonth) 2 (Day 17, (Year) 13	2-17
7 AGE   If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	dvale, (36th child)
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Union Bridge.	Contributory Secondary
10 NAME OF FATHER V. Cartyan day	(Signed) M Substitution (Substitution (Substitution) (Substitution
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Gla abbott	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Muon Snelge Md 15 Filed 2 7 1913 & Columba	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: CAUSINO DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaissed, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN W. S. No. 1.

	9/9
PLACE OF DEATH 1836	STATE OF MARYLAND CERTIFICATE OF DEATH
County Garroll	Registration Dist. No. 25
VIIIage or City branberry (No	Fit death occurred in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	Fub 2 , 1913 , to Fub 16 , 1913 that I last saw h.e. alive on Fub 10 , 1913
7 AGE  8/ yrs. /O mos. 6 ds. OR min.?	snd that death occurred on the date stated above, at 130 Prm The CAUSE OF DEATH* was as follows:  Solution Procurred
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Ruben Harrer  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds.
(informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?  Former or usual residence
(Address) Westminster Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CASSELL CEMELON 2-13, 1913.
Flied Lat 12 191 Ellethous	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers nunc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) Injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report

STATE OF MARYLAND 18371 PLACE OF DEATH state Very CERTIFICATE OF DEATH 10 pinous Registration Dist. No. OCCUPATION I'lf death occurred to PHYSICIANS a hospital or Institution, RECORD give its NAME instead of street and number. 1 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ERMANENT 18 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from Exact 8 DATE OF BIRTH that I last saw h A allve on ... classified. (Year) (Day) (Month 4 pe and that death occurred on the date stated above, at If LESS than 7 AGE pinods 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? properly BOCCUPATION (a) Trade, profession, or AG particular kind of work. (b) Geoeral nature of Industry, supplied. pe business, or establishment in may which employed (or employer) ---certificate. 9 BIRTHPLACE (State or country) (Secondary) # that 10 NAME OF (Signed) FATHER 80 0 , 191 3 (Address) back 11 BIRTHPLACE terms, L OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-Lo ARI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. DEATH Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? 0 (intormant) ---Item 0万 usual residence mportant. CAUSE 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS ...., 191,3 REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. A.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second the nature of the business or industry, and therefore an For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionacum, etc.. Carcin-

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or Industry; and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulit should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

genital," sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion,"

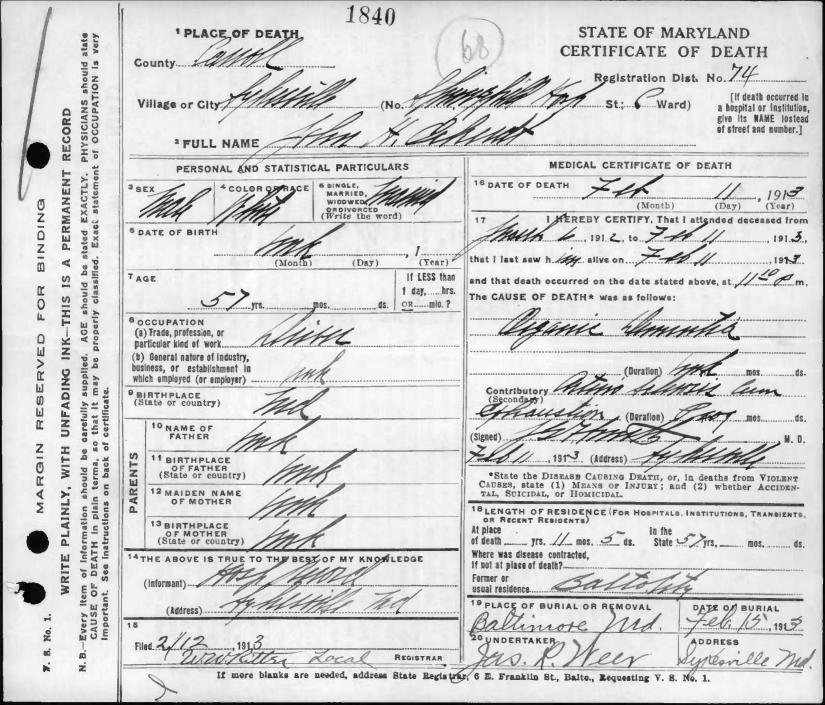
PLACE OF DEATH 1839 County Carroll CERTIFICATE OF DEATH should is OCCUPATION Registered No. fif death occurred in PHYSICIANS St: .....Ward) a hospital or institution. give Ils NAME Inslead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. married WIDOWED, (Month) Write the word) 17 I HEREBY CERTIFY. That I attended deceased from Exact 6 DATE OF BIRTH classified. (Day) (Year) pe TAGE It LESS than and that death occurred on the date stated above, at. should 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly SOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in may which employed (or employer) ... ADIN 9 BIRTHPLACE (State or country) (Secondary) Carefully that It 10 NAME OF 50 back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) should \*State the Disman Causing Death, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE -At place OF MOTHER of inform DEATH State or country of death State ..... yrs. Where was disease contracted. If not at place of death? OF Item Every Item CAUSE OF Important. DATE OF BURIAL 0 REGISTRAR uhunslyz If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speel statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia-"Contributory." ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATI'S State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head terminal conditions, such as "As-"Dropsy," ... (name origin; "Can-The nature of the "Exhaustion," Examples: For VIO-



[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purpresal septichaemia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malk; oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhanstion,"

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Association.]

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BINDING FOR RESERVED MARGIN

No. ń

state -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD PERMANENT 4 S UNFADING INK-THIS WRITE PLAINLY, WITH S.

	PLACE OF DEATH  1842  DUNTY Carroll  Illage or City Denivord (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St; Ward)  St; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 st	ex de de de la color or race of single, married, wiowed, wiowed, orbivorezo (Write the word)	16 DATE OF DEATH . Jel
6 D	ATE OF BIRTH	
	(Month) (Day) (Year)	that I last saw h alive on
7 A		and that death occurred on the date stated above, at
(2)	CCUPATION Trade, profession, or ticular kind of work	Stil- Bom Fet, 17 4 1913
bus	General nature of Industry, ness, or establishment in ch employed (or employer)	- (Ouration) yrs. mos. ds.
9 BI	RTHPLACE (atte or country)	Contributory(Secondary)
O 11 BIRTHPLACE OF FATHER (State or country)  M 12 MAIDEN NAME OF OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OTHER OF MOTHER OF M		(Signed) Stuting Gratter M. D.  "State the Disease Causing Death, or, in deaths from Violent
PARE	13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENTS)  At place
	(State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  Critical  Critical	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence
16 FII	Address Linwood Ald ed Feb 18, 1913 J. Solward Med docorrections	19 place of Burial or REMOVAL  Tiple Creek Tel 18 ,1913  20 UNDERTAKER  ADDRESS  Westminster had

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of lilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative heaithful Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

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STATE OF MARYLAND 1 PLACE OF DEATH 1843 Very state CERTIFICATE OF DEATH 8 pinous OCCUPATION Registration Dist. No. Ilt death occurred lo PHYSICIANS Village or City a hospital or Institution, RECORD give its NAME lostead of street and oumber Jo MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED OR DIVERCED (Write the word) 1 HEREBY CERTIFY, That I attended deceased from Exact S DATE OF BIRTH Z classified. 1 (Day) (Year) and that death occurred on the date stated above, at 3 % 7 AGE If LESS than S D 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 properly BOCCUPATION (a) Frade, profession, or perticular kind of work. (b) General nature of Industry. supplied. pe business, or establishment in UNFADING may which employed (or employer) ..... certificate. Contributory BIRTHPLACE (Secondary) (State or country) carefully that 0 10 NAME OF FATHER (Signed) 0 MARGIN WITH terms, n back 11 BIRTHPLACE ENT OF FATHER (State or country pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At piece lo the OF MOTHER (State or country) yrs. .... mos. 30 de EATH Where wes disease contracted WRITE 14THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE If not at place of death? Jo Q Former or Item OF usual residence mportant. ы 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS 1 REGISTRAR If more blanks are needed, address State Begis traf, & E. Franklin St., Balto., Requesting V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information abould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should atate F DEATH in plain terma, ao that it may be properly classified. Exact atatement of OCCUPATION IS very See instructions on back of certificate.

Every item of information abouid be CAUSE OF DEATH in piain terma, a important. See instructions on back o

N. B.

RECORD

	1 PLACE	OF	DEA	тн
Count		01]	ļ	

1844

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

fif death occurred to

V			3	St; Ward) a hospital or Institution, give its NAME instead of street and number.]
-	PERSONAL AND STATIS	TICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
Male. White. Single, Married Whowed, ORDIVORCED (Write the word)		16 DATE OF DEATH  2, 25, 191  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I sttended decessed from		
8 D	ATE OF BIRTH 4 (Mot	th) (Day)	839 (Year)	Feb. 16, 1913, to Feb. 25, 1913, that I lest saw hill allve on Feb. 25, 1913
7 A		1 0 1 08	LESS than ay,hrs. min.?	and that death occurred on the date stated above, at 8.45.am, The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis
pa (b) bus wh	) Trade, profession, or Retired ricular kind of work	ad.		(Duration) yrs mos 10 ds.  Contributory Uraemic Convulsions. (Secondary) (Duration) yrs mos ds.  (Signed) Edgu M. Gusta, N. D.
PARENTS	12 MAIDEN NAME	yland.		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	of MOTHER Desdym  13 BIRTHPLACE OF MOTHER (State or country)			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	(NOTALISE)	a Q De	'ec	Where was disease contracted, If not at place of death?  Former or usual residence.  19 place of Burial or Removal  ADDRESS  ADDRESS
FI	led / Phr 28, 1913	All dring - REGIS	STRAR 7	O Wiston How Humpstead

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. It should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). Never return "Laborer," "Foreman, (b) Cotton mill; (a) (a) the kind of work and also (b) Farmer or Planter, Salesman, As examples: For persons

Statement of cause of death—Name, first, the disease causing divarial (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercorospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPERAL peritonitis," etc. such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." oma. Sarcoma. etc., of ... of the American Medical Association.) The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-2

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH should is OCCUPATION Registered No. [If death occurred in PHYSICIANS ....Ward) a hospital or institution. RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS RMANENT 16 OATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWEO. (Month) Write the word) 8 DATE OF BIRTH classified. (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above at - 15-33 40 me 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? Truberen 8 OCCUPATION (a) Trade, profession, or NK particular kind of work... (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) ..... 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 90 MARGIN 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER TAL, SUICIDAL, OF HOMICIDAL plain Instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS ٢ At place In the OF MOTHER (State or country) of inform DEATH of death ...... yrs. ..... mos. ..... ds. State ...... yrs, \_..... mos, ..... ds. Where was disease contracted. If not at place of death? Former or CAUSE OF Important. S usual residence 15 20 UNDERTAKER 0 REGISTRAR ż lf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necfication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify ail diseases resuiting from (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," \_\_\_ (name origin; "Can-

STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... f death occurred in .Ward) a hospital or institution, RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ERMANENT SEX 4 COLOR OR RACE MARRIED, Mark WIDOWEO, (Month) Write the word) CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe 7 AGE If LESS than pinous 1 day hrs. OR ..... ? properly BOCCUPATION AG (a) Frade, profession, or INK particular kind of work... ESERVE (b) General nature of industry. supplied. pe business, or establishment in may which employed (or employer) ..... Contributory 71 certificate. State or country) (Secondary) respected to a vealer that n 10 NAME OF FATHER (Signed) 80 of MARGIN 11 BIRTHPL back terms, ARENT OF FATAER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER DEATH (State or country ... yrs. ..... mos. ... State \_\_ ds. Where was disease contracted, See If not at place of death? 0 item OF usual residence Important. Every its OF BURIAL OR DATE OF BURIAL 15 m REGISTRAR If more blanks are needed, address State Registra 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: For persons "Foreman," (6)

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ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for For VIO-

PERSONAL AND STATISTICAL PARTICULARS  MEDICAL GERTIFICATE OF DEATH  16 DATE OF DEATH  17 I HEREBY GERTIFY, That's attended deceased of John John John John John John John John			910
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Sex ** COLOROR RACE ** SINGLE, MARRIED,		*FULL NAME Clacket 4. Maye	11
TRUBLE White Who We word (Write the word)  DATE OF BIRTH  Oct  (Month) (Day) (Year)  (It LESS than and that death occurred on the date stated above, at 7 for GAUSE OF DEATH* was as follows:  Occupation  (a) Trad, priession, or particular kind of work  (b) Senaral nature of industry, business, or establishment in which employed (or simply)  DIATHPLACE (State or country)  Name of Father Gayle Houydest  11 BIRTHPLACE (State or country)  Name of Father (Sta		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OATE OF BIRTH  Oet  (Mouth) (Day)  (Year)  It LESS than 1 day, hrs. or mos. os. or min. ?  OCCUPATION  (a) Trado, profession, or particular kind of work of the country of the cause of mouther or country)  DESTRIPLACE  OF FATHER  OF MATHER  OF MOTHER  (State or country)  Manyland  11 BIRTHPLACE  OF MOTHER  (State or country)  Manyland  12 MAIDEN NAME  OF MOTHER  (State or country)  Manyland  13 BIRTHPLACE  OF MOTHER  (State or country)  Manyland  14 MADEN PRESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIEN of RECENT RESIDENCE)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  ATHE ABOVE IS T	SE	MARRIED, WIDOWED.	(Month) (Day) (Year)
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(a) Trado, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employor)  BIRTHPLACE (State or country)  Mayland  10 NAME OF FATHER  (State or country)  Mayland  (Signed)  (Sign			The CAUSE OF DEATH * was as follows:
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Duslies, or establishment in which employed (or employer)  Desire, or country)  Desire, or country)  Desire, or country  Desir	par	ticular kind of work	
SERTHPLACE (State or country)    10 Name of Father Bayl Haydes   (Signed)   (			(Duration) wre mos
(Signed)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  (Informant)  (Signed)	-		11 - 711
11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, OI, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TALL, SUICIDAL, OI HOMICIDAL.  (OR RECENT RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIEN OF MOTHER (State or country)  (Informant)  (Informant)  (Informant)  (Informant)  (Address)  (Add	(St	tate or country)	(Secondary)
11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER GLASS (State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injuex; and (2) whether Accide Tal, Suicidal, or Homicidal.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE (Informant)  (Informant)  (Informant)  (Address)  (Addres		10 NAME OF	
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Ball Address)  (Address)  (Address)  (Address)  (Ball Address)  (Ball Addre		Baril Nayden	(Signed)
CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accided Tall, Suicidal, or Homicidal.  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  (Informant)  (Informant)  (Address)  (Addres		OF FATHER )	
OF MOTHER Character Appears 18 Length of Residence (for Hospitals, Institutions, Transien or Recent Residents)  At place of Mother (State or country)  Maryland  (State or country)  (Informant)  (Informant)  (Address)  (A	ш	- Dittory tauto	LAUSES, State (1) MEANS OF INJURY: and (2) whether Account
13 BIRTHPLACE OF MOTHER (State or country)  Meryland  At place of death yrs. mos. ds. State yrs, mos.  Where was disease contracted, If not at place of death?  Former or usual residence  (Address).  Listensister  (Address).  Listensister  Former or usual residence  19 PLACE OF BURIAN OR BEMOYA-free DATE OF BURIAL  West State yrs, mos.  Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAN OR BEMOYA-free DATE OF BURIAL  West State yrs, mos.  20 UNDERTAKER  ADDRESS  Freud & Sharen Westmenster	PA	OF MOTHER / II// / Acc / / /	
Where was disease contracted,  If not at place of death?  Former or  usual residence  (Address).  Westernand or BEMOYA for July Date of BURIAL  20 UNDERTAKER  ADDRESS  From 1919  Trank lo Sharen Westernand to		13 BIRTHPLACE / /	At place in the
(Informant) A Bournagestaper  (Address) Westerfinister  (Address) 19 place opening or BEMOYAting Date of BURIAL  Westernaster in Jet 4 1911  20 UNDERTAKER ADDRESS  Filed 756-3 1918 Elleries  REGISTRAR  If not at place of death?  Former or  usual residence  19 place opening or BEMOYAting Date of BURIAL  Vesternaster in Jet 4 1911  20 UNDERTAKER  ADDRESS  Trank lo Sharen Upstmenste			of deathyrs,mos,ds. Stateyrs,mos,d  Where was disease contracted
(Address) Westerwister Usual residence  (Address) Westerwister Date of BURIAL  Westerwister Meditaria fet 4 1911  20 UNDERTAKER ADDRESS  FIRED Town Control of Sharen Westerwister  ADDRESS	· - T	10310	If not at place of death?
Filed 756-3, 1913 Ell Shower Traud Co Shaven Unstreams to	(	(Informant) / 19 auragustager	
Filed 756-3 1913 Marcies 20 UNDERTAKER LADDRESS REGISTRAR Traul Co Sharren Westmenste		(Address). Vesterfiseter	19 PLACE OF BURIAL OR BEMOVATIVE DATE OF BURIAL
- Tomy of Dranes Wellman Co	1 5 Flie	10786-3: 1913 Ell Shower	Westwarster m Tel 1913.  20 UNDERTAKER ADDRESS
		REGISTRAR  If more blanks are needed, subjects State Portation	Traugh to Sharren Ubetneuster

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. cause. Always qualify all diseases resulting from scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Powoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. oma. Sarcoma. etc., of \_ ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

V. S.

	PLACE OF DEATH	1865	STATE OF M	ARYLAND
	A 1		CERTIFICATE	OF DEATH
Co	unty		Registe	ered No.
Vi	llage or City Luis Buty	(No,	St; War	give its NAME instead
	FULL NAME THE BOTH	Joyee	Mo Nome	of street and number.]
	PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	mannieu,	Jungle word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That	(Day), 1913 (Year)
6 D	TE OF BIRTH  (Month)  (Day	1913	that I last saw h WAY alive on	, 191
TAG	E O yrs. O mos. O	If LESS than 1 day, O.hrs. ds. OR.O.min.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	-1 1
(a) par	CUPATION Trade, profession, or icular kind of work		deformed pelvis, ent	1post, Child du
busi	ess, or establishment in h employed (or employer)		during delining (Duration)	yrsmosds.
-	ATTHPLACE ate or country) Carroll Cu		Gontributory (Secondary)	yrsds.
	10 NAME OF FATHER WM M. Joye	7	(Signed)	egg M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) frederic	1000	*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, or HOMICIDAL.	then July 2007, in deaths from Violett and (2) whether Accident
PAR	OF MOTHER Mauric augus	ta Howard	18 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER (State or country)	e	At place in the ot death yrs mos ds. State	yrs mos ds.
	Informant) OL TOWARD	(Father)	Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address) Mum Budg	e lus	19 PLACE OF BURIAL OR REMOVAL	Jeb 201, 1913
File	0 2 20/13 101 Edus 40 hus	REGISTRAR	Frank & Shring	ADDRESS Bridge
	if more blanks are needed, address S	tate Registrar, 6 1	E. Franklin St. Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death—Name, first, the misease causing death—Name, first, the misease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. chiidbirth or miscarriage, as "Puepperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallg mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of The contributory (secondary or Intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: cause for

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED T. S. No. 1.

PLACE OF DEATH 1848	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 82
Village or City 711t Cory (No,	St.; Ward) [If death occurred in a hospitat or lostitution, give its NAME lostead
* FULL NAME Benton Benj Jo	fuson of street and pumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Cold Single,  Married.  Widowed.  Widowed.  With the word)	16 DATE OF DEATH 3 50, 1913. (Month) (Day) (Year)
GDATE OF BIRTH  (Write the word)  (Worth the word)  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from FELT 4 1913, to FELT 8 1913, 1913, that I lest saw h LAK alive on night of FELT 6 1913
7 AGE   11 LESS than t day,hrs.	and that death occurred on the date stated above, at 6.30 Am, The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF FATHER FATALE D Philison  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) yrs mos ds.  (Signed) , Albert Niel , M. D.  , 191 (Address) M. J. Qurz, M. J.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER LINE H. Brown  13 BIRTHPLACE OF MOTHER (State or country)  Mary Carel	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place is the of death yrs mos ds.
(Informant)	Where was disease contracted, If oot at placa of death? Former or usual residence
(Address) Ml arry mal	19 PLACE OF BURIAL OR REMOVAL  Mt Grow Cene. and Flet 10, 1913.  20 UNDERTAKER  BILL Downware  Mt Cein Md
If more blanks are needed, address State Registra	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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#### OCCUPATION RECORD PERMANENT 4 properi INK supplied. UNFADING may that terms, PLAINLY plain L DEATH Ш

certificate.

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Instructions

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should is

STATE OF MARYLAND 1 PLACE OF DEATH 1849 CERTIFICATE OF DEATH Registration Dist. No. Leteath occorred in St: Ward) a hospital or institution. give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEY 4 COLOR OR RACE MARRIED. WIDOWED. (Month) OROIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 5 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than f day hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ... ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State or country \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_\_\_ ds, State \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_\_\_ Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

. statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronehopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Purrerran septichaecause. Always qualify all diseases resulting from such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: Hor VIO-

1850STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH OCCUPATION Registered No. [If death occurred in St:.....Ward) a hospital or institution, RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED! Vidor DNION (Month) (Day) (Year) OR OLVORCEO HEREBY CERTIFY That I Attended deceased from 6 DATE OF BIRTH 1833 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. THIS OR ..... min. ? properly BOCCUPATION GE (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) Buraflon C 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State yrs, \_\_\_\_ mos, ..... Where was disease confracted. WRITE If not at place of death? 9 Former or PO osual residence. Important. CAUSE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS M REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the dibrable Causing death—In the primary affection with respect to time and causation), using always the same accepted form for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid neumonia"): Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from nus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

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PHYSICIANS

RECORD

1851 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St .:.....Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, NI dowers (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased nia 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than TAGE on the date stated above, at 1 day,....hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment In which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. 14THE ABOVE IS TRU It not at piace of death? Former or usuai residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"fication, as Day laborer, Farm laborer, Laborer—Coal duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite saiary), may he entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman, If the occupation has For persons (d)

Statement of cause of death—Name, first, the nibrable causing death—Name, first, the nibrable causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrement septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Dehility" ("Conture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart fallurc," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

1852

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

ilt death occurred in a hospital or institution. give its NAME lostead

.....Ward) of street and number. ] MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the State ..... yrs, \_\_\_\_ mos. DATE OF BURIA

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lli-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carein-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purpereal septichaesepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report

MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	item of information should be garefully supplied. AGE should be stated EXACTLY.	E OF DEATH in plain terms, so that it may be properly classified. Exact statement	
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STATE OF MARYLAND PLACE OF DEATH 1853 CERTIFICATE OF DEATH County Coursell Registered No. Ilt death occurred in ......Ward) a hospital or institution, give its NAME lostead at street and nomber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 4 COLOR OR RACE MARRIED, L WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at .... 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory <sup>9</sup>BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER OF FATHER (State or country) ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTA 13 BIRTHPLACE At piece ie the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. .... mos. .... ds. State ..... yrs. \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at piece of death?-Former or oscal residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

in fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, pot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons The

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia", Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions." "Debility" ("Concer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Pursperal septichar-"Heart fallure," "Haemorrhage," "Inanition." "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma. Sarooma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH 1854	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Carroll	No.
	41	Registration Dist. No. 24
٧	Illage or city Herryton (No.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead
	FULL NAME John Hem	y Myess of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	Male Mult Single, Married, Married, Mondel Mult (Write the word)	16 DATE OF DEATH Rebruary 10, 1913
6 D	ATE OF BIRTH	170 I HEREBY CERTIFY, That I attended deceased from
	Deptember 21 1857	Juny 30, 1913, to 44 10, 1913
	(Month) (Day) (Year)	that I last saw h m allve on Tubnian 10, 1913
TAC	It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
	(OC) yrs. 5 mos. 17 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(9)	CCUPATION Trade, profession, or	Supp. Complicated by Froncho-
	flicular kind of work Advoyev- General nature of Industry,	Aneumonia.
bus	ness, or establishment in	(Duration) yrsmosds.
-	ch employed (or employer)	Contributory Tribbo
(S	tate or country) mme Armolel for med.	(Secondary)
	10 NAME OF FATHER	(Signed) Saniel B. Breeker
S	11 BIRTHPLACE	Submon 10, 1913 (Address) Ankenelle Ind
ARENT	OF FATHER (State or country) Germany	*State the Diswign Caparing Drawn on to death a
ARE	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
4	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Germany	at place in the ot death yrs mos ds. State yrs mos ds
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, it not at place of death?
	(Informant) Miss Marie Dyers	Former or usual residence
	(Address) Theury low and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	2/17 3	20 UNDERTAKER ADDRESS
FII	1916   WWRittry Rocal REGISTRAN	Jas. R. Weer Systemile
	If more blanks are needed, address State Regis trar, 6	Frankiln St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

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state Very CERTIFICATE OF DEATH 80 should OCCUPATION Registration Dist. No... [it death occurred in PHYSICIANS a hospital or institution. RECORD give its NAME instead ot street and number. ? 10 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT 16 DATE OF DEATH S SINGLE. 4 COLOR OB RACE MARRIEO WIDOWED BINDING (Month) (Day) (Write the word) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH classified. 4 (Month) (Year) (Day) pe TAGE It LESS than and that death occurred on the date stated above, at ... D 1 day ..... hrs. shoul OR ..... mlo. ? mos. properly BOCCUPATION (a) Frade, prefession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in may which employed (or employer) ..... Contributor certificate. State or country) (Secondary 10 NAME OF FATHER (Signed) 80 jo MARGIN مَ terms, on back 11 BIRTHPLACE OF FATHER (State or country) pinous EN State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ГО AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. PLAINLY plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS Informati 13 BIRTHPLACE = At place in the OF MOTHER (State or country EATH \_\_\_\_ yrs. \_\_\_ mos. \_\_ Where was disease contracted WRITE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? P E Former or OF Item usual residence. mportant. Every It OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER APDRE 00 REGISTRAR If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

1855

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Puesperal scptichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medicai Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convuisions," "Deblity" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malls. "Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. mant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:

should in OCCUPATION ERMANENT S ADING plai EATH 0 OF Item Every Item CAUSE OF Important. m

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#### 1856 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution. give its NAME instead of street and comber. 1 \* FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE, 4 COLOR OR MACE WIDOWED. (Month) (Write the word) WHEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Dav) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address).... ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. / Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at miace of death? Former or usual residence AL OR REMOVAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

delles of the household only (not paid Housekeepers minc, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples The question For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerfeeal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms) ; Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . dent; Revolver wound of head-homicide; Potsoned is icss definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," \_ (name origin: "Can Examples:

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#### STATE OF MARYLAND 1 PLACE OF DEATH 1857 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or Institution, give its NAME lostead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S-MINGLE, MARRIEO, WIDOWEO, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Year) (Day) TAGE If LESS than and that death occurred on the date stated above, at / a. f day .....hrs. OR ..... ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or eslablishment in which employed (or employer) State or country) (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country \_\_\_\_\_ yrs. ..... mos. .... Stale Where was disease contracted. If not at place of death? Former or usual residence. BATE OF BURIAL 15 Filed Fiel 3 If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. "'Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," tbenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de.; ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. For viomia," "PUERPEDAL peritonitis," etc. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitlal nephrilis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

OCCUPATION IS County. pinous PHYSICIANS RECORD 50 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT S SINGLE, MARRIED. WIDOWED, BINDING (Write the word) Exact stated 6 DATE OF BIRTH properly classified. (Month) (Day) (Year) pe 7 AGE If LESS than should 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Frade, profession, or SERVED particular kind of work supplied. (b) General nature of Industry, be business, or establishment in UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary that 10 NAME OF FATHER 80 0 ARGIN WITH back 11 BIRTHPLACE terms, ENT OF FATHER (State or country pinous 00 0 12 MAIDEN NAME plain A OF MOTHER Instructions OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place OF MOTHER (State or country) DEATH Where was disease contracted WRITE If not at place of death? 50 Item usual residence mportant Every It 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Regis tran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1858

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No., fif death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation bas cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the pistage of persous engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the diberable Causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasinjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED W. B. No. 1.

		1859
	PLACE OF DEATH Allson	STATE OF MARYLAND
C	ounty Consroll Go mal	CERTIFICATE OF DEATH
		Registration Dist. No.
٧	iliage or City Melrose (No,	St.; Ward)  If death occurred to a hospital or institution, give its NAME instead
	*FULL NAME George Saule	of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A.	rale This or single, Michaell will will work or	16 DATE OF DEATH  C. C
6 D	ATE OF BIRTH	was prasent at the for
	(Month) (Pay) (Year)	that Host saw h _ slive on death , 191
TAG	It LESS than	and that death occurred on the date stated above, at 10.15 pm,
	yrs	The CAUSE OF DEATH* was as follows:
	CCUPATION  Trade, profession, or	Apopley
	Connect nature of Industry	
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos. ds.
9 BI	RTHPLACE (ate or country) Courroll los Mad	(Secondary) (Duration) yrs. mes ds.
	10 NAME OF Peter Sauble	(Signed) John & Zieglez , M. D.
ENTS	11 BIRTHPLACE	Feb 6h, 1913. (Address) Marchester Jud
RE	(State or country) (Myknowen)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARI	OF MOTHER Colyabeth Diteler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds.
(Interment) Amust Souble		Where was disease contracted, It out at place of death?
		Former or usual residence.
	(Address) Meetrose Mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	12/6,1913 PROPERTO	20 UNDERTAKER ADDRESS  G F W Miller Allen Allen Allen
0	If more blanks are needed, address State Registran	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ercated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupaetc. Women at home, who are engaged in the Never return "Lahorer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In a fection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childhirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Dehlity" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; State cause for

BINDING FOR MARGIN RESERVED

7. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT IS UNFADING INK-THIS Important. See instructions on back of certificate. WRITE PLAINLY, WITH N.B.

PLACE OF DEATH Line Borns	1860 STATE OF MARYLAND
8 1.0	CERTIFICATE OF DEATH
Village or City Lineboro Mano.	Registration Dist. No
*FULL NAME Joanna OSh	of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femail White (Write the word)	16 DATE OF DEATH  The state of Death  (Month)  (Day)  (Year)
G DATE OF BIRTH  Oct 27, 1.556  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to Full 3, 1918, that I last saw h 4 alive on Fall 3, 1913
7 AGE 11 LESS than 1 day,	snd that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work.	brand toouble and Browne
(b) General nature of Industry, business, or establishment to which amployed (or employer)	Dont Know but a muster of year (Duration) yrs. mos. os.
9 BIRTHPLACE (State or country) Carroll Co Md	Contributory (Secondsry) (Deration) yrs mos ds
10 NAME OF FATHER The Shaffer	(Signed) J. Sherman, M. D.
VI BIRTHPLACE OF FATHER (State or country) Carrollla Mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENT
of Mother Rabecca Amstach	TAL, SUICIDAL, OF HOMICIDAL.  OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14	At place in the ot death yrs mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Selection THE BEST OF MY KNOWLEDGE	If oot at place of death?  Former or  usual residence.
(Address) Sinebers Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2/8, 191.3. & Ballogan REGISTRAR	20 UNDERTAKER GLENVILLE GLENVILLE DE

Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosaeum, etc...

such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ber" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for HOT VIO-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH 1861	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
The L.	Registered No. 76
Village or City les muester (No. ,	St; Ward)  [It death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fewale While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  AGE  4 COLOR OR RACE MARRIED, MIRGLE WIDOWED, ORDIVORCED (Write the word)  (Month) (Day) (Year)  17 AGE  18 LESS than 1 day,hrs.	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  7 I 1913, to 7 I 1913, that I last saw have allive on The CAUSE OF DEATH* was as follows:
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	(Duration) yrs. mos. ds.  Contributory (Secondary) (Duration) yrs. mos. ds.
11 BIRTHPLACE  12 MAIDEN NAME OF MOTHER Mary Auna Chidoff  13 BIRTHPLACE	(Signed) , M D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
OF MOTHER (State or country) Carroll les Md  14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE  (Informant) Jesse Fr. Sterre	ot death
(Address) Westmicester Vid  Filed Fib 10 1913 Character  REGISTRAR  If more blanks are needed, address State Registrar, 6	19 PLACE OF BURIAL OR REMOVAL  At Johns Coursely Feb 10, 1913  20 UN DERTAKER  Jas. M. Storrer  E. Franklin St. Brito. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the bisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronio affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-

should OCCUPATION 18 PHYSICIANS RECORD 10 statement PERMANENT ACTLY BINDIN Exact classified. à pino properly GE 0 Ш led. pe 2 ADING suppl may ESE carefully = that 1 80 ARGIN pe terms, pino piain 0 2 ATH WRITE 90 a EH 0 very It

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STATE OF MARYLAND 1862 CERTIFICATE OF DEATH County Registration Dist. No. Ilt death occurred in a hospital or Institution. give its NAME lostead et street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR MACE MARRIED WIDOWED ORDIVORCED (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH that I last saw h. .....allve on (Month (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... mlo. ? ds. BOCCUPATION (a) Frade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment lo which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , 191 C. (Address). ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_ mos. \_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? (Intermant) usual residence.... BURIAL OR MEMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given np on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichaeaffection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	10	Infori	mat	S LO	pinous	pe	carefu	III	Supp	led.	AGE	should	pe s	stated	EXACTLY.	Ō.	<b>1YSICIANS</b>	shoul	sta	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yet	- DE	ATH	=	plain	term	5, 50	that	1	may	be	properi	y class	fled.	Exac	statemen	t o	r occupat	ION	S Ve	
Important. See instructions on back of certificate.	Sec	Instr	ucti	Suo	on bad	sk of	certi	IIca	8											

STATE OF MARYLAND PLACE OF DEATH 1863 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred lo -Ward) a hospital or lostitution, give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. marries WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? Vomach BOCCUPATION (a) Frade, profession, or particular kied of work. (b) General nature of Industry, business, or establishment in which employed (or employer) .. Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) Zel. 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) lo the of death \_\_\_\_\_ yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. ..... Where was disease confracted. If oot at place of death?-Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
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Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples:

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#### 1864 1 PLACE OF DEATH Village or City Near Hosney (No. 3 SEX 6 DATE O 7 AGE 8 OCCUP (a) Trade, particular (b) Genera business, which empi 9 BIRTHP (State of 10 N 11 B PARENTS 12 M 13 B (St

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

TO be a strain to be a strain of the strain	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
le Mute 5 single, MARRIEO, WIOOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  174  I HEREBY CERTIFY, That attended deceased from
March 20, 1832 (Month) (Day) (Year)	Jely. 21- 1913, to Febr. 24 1913 that I last saw have alive on Febr. 24 - 1913
8/ yrs. // mos. // ds. ORmin. ?	and that death occurred on the date stated above, at
profession, or Bouse Lorfe	of the skull by a fall.
I nature of Industry, or establishment in oyed (or employer)	(Ouration) yrs. mos. 2 1/2 ds.
Country) Carroll to Ind	Contributory (Secondary)  (Ouration of the contributory of the con
PATHER Henry Korno	(Signed) T. C. Deise, M. D.
AIDEN NAME STATES	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Clega Fuso	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
ate or country Carroll 100 Mid	At place In the of death yrs mos ds. State yrs mos ds
BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  AND POSEIN SILLITA	It not at place of death?  Former or usual residence
Address) Langton 11 do	Janestown and Tel 27, 1913
16-26, 1913 Les Bagares	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Belto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) the factory. The As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, If impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purreral septichae etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock." "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Jiarus "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: 10

County Carroll 1866	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 78
Village or City Justos sille (No. 2 FULL NAME & Cla Augus	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale While (Write the word)  3 SEX  4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WINGOUGH (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 - 22 - 1871	1913, to Feet 1913,
(Month) (Day) (Year)	that I last saw her alive on Helf 9 191
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at D. A. m.  The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Contributory (Secondary)  Contributory (Secondary)
10 NAME OF FIRSTON THATTEY.  11 BIRTHPLACE OF FATHER Manyland-  12 MAIDEN NAME OF MOTHER OTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Manyland-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Interment) - 8 Weshminster 16 Filed Feb. 20, 1913 Jacob Farris	Where was disease contracted, It not at place of death?  Former or  youl residence  6.9 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  AUDRESS  ADDRESS
If more blanks are needed, address State Stepstrar, 6 E	Franklin St., Balto., Requesting V. 8. 78. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease causing death.—Name, first, the disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar incumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 State cause for Examples: For VIO-

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH should is PHYSICIANS shoul Registered No .... It death occurred in St: .....Ward) a hespital or institution. CORD give its NAME instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Was WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH that I last saw h \_\_\_\_ allye on \_\_\_\_ classified. (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? 8 OCCUPATION AG (a) Trade, protession, or INK particular kind of work (b) General nature of industry. ed SERV business, or establishment in which employed (or employar) ..... E 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF 80 MARGIN 11 BIRTHPLACE RENT term: (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of inform DEATH See Instr ot death ...... yrs. ..... mos. ..... ds. (State or country) State ...... yrs. ..... mos. ..... Where was diseasa contracted. If not at place of death? Former or OF Item usual residence Every item CAUSE OF Important. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 100 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisnch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Colianse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN N. B.—Every item CAUSE OF W. S. No. 1.

1 PLACE OF DEATH 1868	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
County	Registration Dist. No. 72
Village or City DOEAR RIM (No.	St.; Ward)  [It death occurred in a hospital or Institution, give its NAME instead
*FULL NAME Burnace &	Wampler of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, wipower, wipower, wipower, wipower, wipower, wipower, with the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than	and that death occurred on the date stated above, at
1 / S of f day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	Drowning by fall
8 OCCUPATION (a) Frade, profession, or	majima a Cotto den of
particular kind of work  (b) General nature of Industry,	Muter
business, or establishment in	(Duration)yrsmosds.
which employed (or employer)	Contributory & Suilefises
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF SATHER	(Ouration) 6 yrs mos ds.
Louis Hamfler	(Signed) Weigel, M. D.
OF FATHER	191-3. (Address) Menore Familia Band
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother da Step.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Caa Torish	If not at place of death?————————————————————————————————————
West - 1 ford 17	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Winnerson / L. J.	DATE OF BURIAL  STATE OF BURIAL  HELD 1913
	20 UNDERTAKER ADDRESS
Filed, 191	Oder Ju Goods Pening mill
If more blanks are needed, address State Registra:	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illtion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:

N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD BINDING MARGIN RESERVED FOR

County Carroll 1869	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 74
Village or City. Sy his wille No	St; Ward)  [If death occurred le a hospital or Institution, give lits NAME Instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GDATE OF BIRTH (Month)  4 COLOR OR RACE  5 SINGLE, MARRIED, Single Widowed, ORDIVORCE (Write the word)  (Month)  (Day)  (Tear)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1913, to 1913  that I last ssw h Evalive on 1913.
7 AGE   If LESS than   1 day, 2 hrs.   OR min. ?	and that death occurred on the date stated above, st. 9.30 A.m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work  (b) Beneral nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  THE STATE OF TATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  A GAMMAR OF MOTHER  OF MOTHER  OF MOTHER  A GAMMAR OF MOTHER  OTHER  OF MOTHER  OF MOTHER  OTHER  OT	Contributory (Secondary)  (Signed), (Duration) yrs mos ds.  (Signed), (Signed), M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, If not at place of death?  Former or usual residence
Filed 12 Ly LT 1913 WW. Accistran  If more blanks are needed, address State Registrate	19 BLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  TO UNIDERTAKER  ADDRESS  ADDRESS  A DRESS  A D
C more promise are meeted, address profe negligible	w. wramania St., Darto., Requesting v. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. should be taken to report specifically the occupations who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc... Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH 1870 CERTIFICATE OF DEATH CCUPATION Registered No. Ilt death occurred le \$t:.....Ward) a hospitel or lostitution, RECORD give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated shove, at t day ..... hrs. properly BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER WITH S 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs, ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos, ..... ds, DEATH Where was disease contracted. WRITE It not at place of death?. Former or OF usual residence. Important. Every Ite PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesmon, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death--Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sorcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vic-"Ileart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

state CERTIFICATE OF DEATH Carrole should OCCUPATION Registration Dist. No..... PHYSICIANS a hospital or Institution RECORD give its NAME instead of street and number. I 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT S SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED, Married (Write the word) ZOZ I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe 7 AGE and that death occurred on the date stated above, at 6.35 a.m. If LESS than 1 day hrs. The GAUSE OF DEATH \* was as follows: OR ..... 7 properly BOCCUPATION (a) Frade, protession, or particular kind of work supplied. (b) Geoeral nature of industry. be business, or establishment in may which employed (or employer) -----Contributory certificate. State or country) (Secondary) # that (Duration) .....yrs.....yrs......mes 10 NAME OF FATHER 80 90 pe (Address) J. J. Hosp Og parill md back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) pluods \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 00 12 MAIDEN NAME piain OF MOTHER Instructions 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE 5 At place OF MOTHER DEATH Jo Througheld Hospital leards. Item OF usual residence. Important. Enkesolle Carrole Co ma Every H DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (dever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefidite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage, as "Purpreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemia," "Weakness," -Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronia mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for